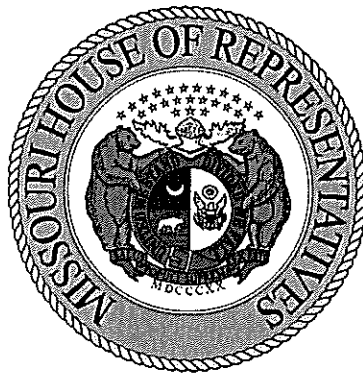


MISSOURI HOUSE OF REPRESENTATIVES  
LEGISLATIVE TASK FORCE ON  
**DYSLEXIA**



NINETY-NINTH  
GENERAL ASSEMBLY  
2017



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2017 Final Report  
Legislative Task Force  
COMMITTEES on Dyslexia

**Chair**

Elementary and Secondary Education

**Member**

Budget

Fiscal Review

Subcommittee on Appropriations-Health,

Mental Health, and Social Services

Legislative Task Force on Dyslexia

Joint Committee on Education

**MISSOURI HOUSE OF REPRESENTATIVES**

**Kathryn Swan**

State Representative  
District 147

Representative Todd Richardson  
State Capitol Room 308  
Jefferson City, MO 65102

Dear Representative Todd Richardson:

The Legislative Task Force on Dyslexia has completed its work. The enclosure includes recommendations for a statewide system to address the needs of students with dyslexia.

As a result of their findings, the task force is recommending the following to specifically address:

- Screening
- Evidence-based Reading Instruction
- Intervention system
- Preservice and in-service professional development
- Teacher certification
- Process for reporting of data recommendations
- Study and evaluate current practices for diagnosing, treating and educating students

The members of the task force were honored to serve in this important role and appreciate the opportunity to explore the most effective ways to address the issue of dyslexia in our schools.

Yours truly,

A handwritten signature in black ink that reads "Kathryn Swan". The signature is written in a cursive style with a large, stylized 'K'.

Kathryn Swan  
State Representative, 147<sup>th</sup> District



## LEGISLATIVE TASK FORCE ON DYSLLEXIA

6. (1) *Identify valid and reliable screening and evaluation assessments and protocols that can be used and the appropriate personnel to administer such assessments in order to identify children with dyslexia or the characteristics of dyslexia as part of an ongoing reading progress monitoring system, multi-tiered system of supports, and special education eligibility determinations in schools;*

### Screening

Universal Screening – The skills addressed by the universal screener should include phonological awareness, rapid automatic naming, nonsense words, alphabetic principle, phonics, reading fluency, spelling, reading accuracy, vocabulary and reading comprehension, as age or grade appropriate. Evidence shows that these skills are the basic building blocks for proficient reading and are critical skills for assessment of dyslexia. School districts/LEAs (Local Education Agency's) shall ensure that every entering student in grades 1-3 shall be screened within 30 days of the first day of attendance. Kindergarten students should be screened at such time when specified by the evidence-based screening instrument, but no later than January 31<sup>st</sup> of each year. The task force further recommends that collaboration, as part of a seamless system of education, occur between teachers and their colleagues who possess an expertise in evidence-based methodologies.

The task force recommends appropriate universal screening of students to determine those who may be at risk for dyslexia and related disorders with the following recommendations:

- Screening should be conducted by trained individuals within School Districts/Local Education Agencies (LEAs). DESE should recommend training that ensures uniformity and quality and should rely on the many outstanding universal screening training programs already in existence.
- DESE should recommend a process for universal screening which could include a multi-tiered system of supports that accurately screens and tracks identification, support, and progress monitoring of students at risk for dyslexia or related disorders.
- School districts should provide screening results to the building administrator, classroom teacher, counselor, and other appropriate school personnel such as a reading specialist, special education faculty, school psychologist, and/or school psychological examiner, as well as the parents of the child. The results of all screenings should be reported to DESE for data collection and analysis. DESE should supply the appropriate template to schools and teachers for reporting purposes. DESE will also provide schools with a template for parent notification that includes predictors or red flags for children who may be at risk for dyslexia.
- School districts should make clear to parents that a positive screening for dyslexia or related disorders is NOT a diagnosis; therefore, it does not in and of itself meet the requirements necessary for a 504 plan or an IEP. Nonetheless, a statement should be included to parents indicating how the school will be providing supports and collecting additional data to address the student's learning needs.

Additionally, children identified through the screening described above should receive targeted intervention with frequent (weekly) progress monitoring. For advanced screening, as part of an ongoing, frequent reading progress monitoring system, multi-tiered system of supports, and special education

eligibility determination in schools, the task force recommends the following: CTOPP, the KTEA-3 Dyslexia Index 1 & 2, the WIAT-3 Dyslexia Index 1 & 2, (and any future screeners that have been found effective and tested with a dyslexia group and a non-clinical matched control group.) Parents should be notified that their child is receiving intervention, and why, and be informed about the type and frequency of data that will be collected. The intervention should be part of a comprehensive Multi-Tier System of Supports (MTSS) which includes data-based guidelines for increasing the intensity of intervention. The primary source of ongoing, tier two, or advanced screening data is the child's response to targeted intervention, and informed observation by teachers and support staff such as speech-language pathologists, master's level special education teachers, reading specialist/interventionist, and school psychologists. The intervention process should include data-based guidance about when the response pattern indicates reason to suspect that the child may have a condition which would warrant evaluation under Section 504 of the Rehabilitation Act, and/or the Individuals with Disabilities Education Act (IDEA). The evaluation should include information from valid and reliable tests of reading, such as the most recent editions of the Comprehensive Test of Phonological Processing, Woodcock-Johnson, Kaufman Tests of Educational Achievement, Process Assessment of the Learner, and Wechsler Individual Achievement Test.

*6. (2) Recommend an evidence-based reading instruction, with consideration of the National Reading Panel Report and Orton-Gillingham methodology principles for use in all Missouri schools, and intervention system, including a list of effective dyslexia intervention programs, to address dyslexia or characteristics of dyslexia for use by schools in multi-tiered systems of support and for services as appropriate for special education eligible students;*

#### Evidence-based Reading Instruction

Effective principles of reading as previously noted in No Child Left Behind (NCLB) and currently in Every Student Succeeds Act (ESSA) as follows:

“Teaching effective principles for reading in core instruction including explicit, systematic evidence-based instruction and literacy content including phonological awareness, syllabication, spelling (orthography) and morphology.”

Evidenced-based instruction refers to practices that have been proven effective through evaluation of the outcomes for large numbers of students. Evidence-based reading instruction is highly likely to be effective in improving reading if implemented with fidelity. Fidelity requires that programs are implemented in the manner designed and matched to the correct skill deficit/student need.

#### Intervention System

An intervention system for students with characteristics of dyslexia contains principles and elements of a Multi-Sensory Structured Literacy Program. These principles are:

- Multisensory instruction
- Systematic and cumulative instruction
- Direct instruction
- Diagnostic teaching
- Synthetic and analytic instruction
- Comprehensive and inclusive instruction of all levels of language
- Sequential

#### Elements

- Phonology/phonological awareness

- Sound-symbol association
- Syllable instruction
- Morphology
- Orthography
- Syntax
- Semantics

Systems for Intervention should reflect

- Teachers/instructors sufficiently trained to administer the evidence-based program
- Fidelity to the evidence-based program including adherence to frequency, duration, and intensity recommended by the program
- Targeted intervention
- Frequent progress-monitoring
- Comprehensiveness (such as Multi-Tiered System of Supports)
- Consideration for classroom-based administration as much as is practicable
- Guidance and indicators for when a student should receive special education assessment/evaluation

Resolving the impact of Dyslexia requires direct and explicit instruction using a peer reviewed scientifically researched program which is structured, systematic, sequential, cumulative, simultaneously multi-sensory and phonologically based.

The program should demonstrate effectiveness on an evidence base of a dyslexic population.

*6. (3) Develop and implement preservice and in-service professional development activities to address dyslexia identification and intervention, including utilization of accessible print materials and assistive technology, within degree programs such as education, reading, special education, speech-language pathology, and psychology;*

#### Preservice and Inservice Professional Development

Both Preservice and In-service professional development activities should include:

- Effective principles of reading as previously noted in No Child Left Behind (NCLB) and currently in Every Student Succeeds Act (ESSA) as follows:

“Teaching effective principles for reading in core instruction including explicit, systematic evidence-based instruction and literacy content including phonological awareness, syllabication, spelling (orthography) and morphology.”

- CERI (Center for Effective Reading Instruction) Knowledge and Practice Standards for Teachers of Reading, Section E (please refer to addendum for link)

School districts should require two hours of in-service training regarding dyslexia and related disorders including the following:

- Introduction of dyslexia and dyslexia simulation
- Key areas of literacy and reading intervention
- Screening/progress monitoring, data-based decision-making, fidelity and classroom supports

Professional development for secondary level teachers should be tailored to their needs, but must include traits of dyslexic characteristics seen over a lifetime.

The task force encourages the State Board of Education to promulgate a rule regarding teacher participation in annual in-service training.

A survey of Missouri institutions of higher education training programs for teachers of reading, special education, speech-language pathology, school psychology, and psychology conducted by the Legislative Task Force on Dyslexia revealed that information about the characteristics of dyslexia, and effective identification of students with those characteristics and intervention for those students is often insufficient or absent. The Task Force recommends that dyslexia characteristics, identification and intervention be specifically addressed in each of these training programs.

The survey also indicated a lack of instructional collaboration in institutions of higher education. The task force encourages instructional collaboration across university departments with specific expertise in dyslexia or related disorders.

*6. (4) Review teacher certification and professional development requirements as they relate to the needs of students with dyslexia;*

#### Teacher Certification

The task force strongly recommends that institutions of higher education and the DESE align their literacy/reading instruction coursework with knowledge and practice standards from the Center for Effective Reading Instruction (CERI). This includes robust instruction of content knowledge and application as specified and defined in the standards as follows:

Foundation Concepts about Oral and Written Learning  
Knowledge of the Structure and Language  
Structured Language Teaching: Phonology  
Structured Language Teaching: Phonics and Word Recognition  
Structured Language Teaching: Fluent, Automatic Reading of Text  
Structured Language Teaching: Vocabulary  
Structured Language Teaching: Text Comprehension  
Structured Language Teaching: Handwriting, Spelling, and Written Expression  
Interpretation and Administration of Assessments for Planning Instruction  
Knowledge of Dyslexia and Other Learning Disorders

Please refer to the addendum for a link to the complete list of the CERI Knowledge and Practice Standards.

This recommendation may be implemented through the rule-making process in the Department of Elementary and Secondary Education or may require legislation.

*6. (5) Examine the barriers to accurate information on the prevalence of students with dyslexia across the state and recommend a process for accurate reporting of demographic data; and*

#### Process for Reporting of Data

It is recommended that the collection of demographic data be limited to the following:

Universal and Advanced Screening Data – Name of the screening tool, Number of students screened, Results of the screening (number of at-risk students).

The task force recommends that additional data regarding compliance with screening requirements, intervention and outcomes be considered. Particularly, querying districts on their response to their screening data (e.g. revisions of core curriculum, providing X intervention to students at risk, completing diagnostic evaluations on students at risk, etc.) would help ensure that districts will take actions for the students in their care.

The task force also recommends that the aggregated, non-identifiable data collected be available to LEAs, parents of students, and other stakeholders on the DESE website or through other informational system(s). Data may be used to inform and influence core instruction and the processes of dyslexia screening, assessment, and intervention by LEAs, DESE, legislative, or other entities.

*6. (6) Study and evaluate current practices for diagnosing, treating, and educating children in this state and examine how current laws and regulations affect students with dyslexia in order to present recommendations to the governor and the joint committee on education.*

The Intelligence Quotient-achievement discrepancy model of qualification for special education services and/or for other intervention services is not required by IDEA or by the Missouri Plan for Special Education. The Task Force strongly recommends that DESE review, recommend, and assist LEAs in adoption of alternate systems for students to obtain effective intervention and assessment due to the data supporting the inappropriateness of this model for identification of students with specific learning disabilities, including dyslexia. In addition, collaboration between regular education and special education LEA personnel with specialized knowledge in language, structured literacy, and other aspects of reading should be encouraged to address the needs of struggling and dyslexic readers in classroom interventions.

Current Specific Learning Disability regulations in Missouri provide two options for identification:

1. A simple difference discrepancy model which is the most commonly used methodology in Missouri and lacks validity as a contemporary learning disability identification method. It often delays or impedes student access to appropriate remediation.
2. The child's response to scientific research-based intervention which is currently used in too few districts in Missouri and is better supported by contemporary learning disability research. This method encourages early identification of students at risk and high quality intervention practices.

It is recommended that DESE appoint a committee of assessment experts from private practice and from public education to evaluate current practices related to specific learning disability identification in Missouri, as well as nationally, and make recommendations for possible changes. Identification of barriers to adopting the response to scientific research-based intervention model as well as identifying improvements to the discrepancy procedure to be more in line with contemporary practice would be advisable.

#### Other

All guidance must be consistent with Section 504 of the Rehabilitation Act of 1973.

## Addendum

Simple definition of discrepancy model, retrieved from <http://Understood.org>

*The discrepancy model is a way to capture and compare a student's scores on different types of tests. It compares assessments of a child's intellectual ability (IQ) with how much progress he's making in school (his academic achievement).*

*In some cases, there may be a significant "discrepancy" (difference) between various sets of scores. The idea is that when there's a difference like this, it's evidence that an underlying condition is making it unusually hard for a child to learn.*

*For example, say your fifth grader's IQ falls in the average range. The expectation would be for him to be reading at a typical fifth-grade level. But say his scores show that he's actually reading at a second-grade level. In that case, there's a discrepancy between what the IQ test said he's capable of (ability) and his actual reading level (achievement)*

Center for Effective Reading Instruction

Knowledge and Practice Standards for Teachers of Reading (<http://effectivereading.org>)

<http://effectread.wpengine.com/wp-content/uploads/2016/02/KPS.pdf>

Section E; pages 20-21